



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: ☒ Health Care Provider ☐ Injured Employee ☐ Insurance Carrier

Requestor's Name and Address:

Synthesis Inc.
P O Box 4927
Houston, TX 77210-4927

MDR Tracking No.: M4-05-7940-01

Respondent's Name:

Pacific Employers Insurance Co.
Rep Box: 15

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: The Requestor did not submit a position summary with their dispute.

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: The Respondent did not submit a position summary with their dispute.

Principle Documentation: 1. n/a

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
12-20-04 12-28-04	A	90806 x 2 DOS	1, 2	\$0.00
TOTAL DUE				\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. The Requestor billed CPT code 90806- Individual psychotherapy, for 2 DOS. The Respondent denied both DOS using, "A-This procedure/supply must be preauthorized in accordance with TWCC Rule 134.600. Also supplies assoc w/unauthorized proc/sup are disallowed."
2. Per Rule 134.600 (h)(4) Individual psychotherapy requires preauthorization. The Requestor did not submit a letter of preauthorization for this service. Therefore, per the 2002 MFG no reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
28 Texas Administrative Code Sec. §134.600

PART VII: DIVISION DECISION AND ORDER

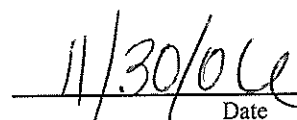
Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is not entitled to additional reimbursement.

Decision by:


Authorized Signature

Patricia Rodriguez

Typed Name


Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.